GENDERED AND RACIALIZED EXPERIENCES AT CENTRAL STATE HOSPITAL, INDIANAPOLIS, 1877 – 1910

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"Gendered and Racialized Experiences at Central State Hospital, Indianapolis, 1877 – 1910" analyzes the treatment of African American patients at the now-defunct Central State Hospital in Indianapolis, Indiana, throughout the Gilded Age and Progressive Era, from the late 1870s through the 1900s. This thesis examines the impact of scientific racism and institutionalized sexism on female African American patients' diagnoses, medical treatment, and the outcome of institutionalization through a close reading of hospital publications and a series of statistical studies of patient data. This thesis also analyzes the intersection of race and gender through the case study of one African American woman, Elizabeth Williams Furniss, who was institutionalized during the 1890s until her death in 1909.

I argue that scientific racism and a deeply entrenched sexism significantly shaped the treatment of African American patients and women of all races throughout the Gilded Age and Progressive Era. Preconceived notions of race, gender, and class determined diagnoses, treatments, and treatments outcomes, without regard to individual patients' needs. I also suggest ways for historians to identify and measure the impact of scientific racism and institutionalized sexism on African American patients in northern psychiatric institutions through statistical studies of patient data.

Nancy Marie Robertson, Ph.D., Chair

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Introduction

The Indiana Hospital for the Insane (known as Central State Hospital at the time of its closure in 1994) was an inpatient psychiatric care facility owned and operated by the state of Indiana. Located on Indianapolis's West Side, the 160-acre facility opened in November 1848 after four years of planning, budgeting, and on-and-off construction.[1] The hospital would replace county poor farms, correctional facilities, and family homes, all of which were unequipped to properly care for persons with disabilities and mental illnesses, as the premier site of psychiatric care in Indiana. Psychiatrists believed "moral treatment" – a combination of physical exercise, a tranquil environment, recreational activities, and moral instruction – would restore the bodies and minds of Indiana's mentally ill. The hospital's founders envisioned it as a state-of-the-art safe haven, a benevolent institution that would offer all legal residents of Indiana, regardless of means, the best available treatment at the time.

This offer did not extend to Central State Hospital's African American patients. Since its inception, Central State Hospital's staff and administrators created an unwelcoming environment for African American patients through conscious decision-making and unconscious bias. The Indiana legislature initially denied African Americans admission to the hospital, and by the time the hospital began regularly receiving African American patients in the 1880s, scientific racism had taken hold of contemporary medical and psychiatric discourse throughout the United States. Scientific racism as well as institutionalized sexism combined to create an adverse effect on the African American

1. William E. Henry, comp., "Central Indiana Hospital for Insane, Indianapolis," in *Legislative and State Manual of Indiana for 1903* (Indianapolis: William B. Burford, 1903), 344-45. https://hdl.handle.net/2027/uc1.b3005277.

patient experience, especially the experience of African American women, at Central State Hospital throughout the late Gilded Age and early Progressive Era.

Despite appeals as early as 1855 by Superintendent James S. Athon to the hospital's board of governors to offer treatment to black patients, albeit in segregated wards, African Americans were initially refused admission as they were "not . . . recognized as citizens of the state" and, therefore, were not entitled to state assistance.[2] Black patients were not admitted until at least 1854 and were not admitted with any consistency throughout the 1860s and 1870s. By the 1880s, however, Central State Hospital had begun receiving and treating regular numbers of black patients. Indiana's black population tripled from 11,438 in 1860 to 39,228 in 1880 as thousands of formerly enslaved black people migrated to northern states following the conclusion of the Civil War.[3]

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2. "Annual Reports of the Commissioners and Superintendent of the Indiana Hospital for the Insane, to the General Assembly, November 1854" in *Documents of the General Assembly of Indiana at the Thirty-Eighth Session* (Indianapolis: Austin H. Brown, 1855), 702, https://archive.org/details/documentaryjourn1854indi/page/702.

3. 1860 U.S. Census, Marion County, Indiana, population schedule, Wayne Township, p. 105 (written), dwelling 778, family 708 [Central State Hospital], Mary Gaskin, digital image, *FamilySearch.com* (https://www.familysearch.org/ark:/61903/3:1:33S7-9B9N-SC54?cc=1473181); citing NARA microfilm publication M653, roll 280; Darlene Clark Hine, "Blacks in Indiana to 1900: An Overview" in *When the Truth is Told: A History of Black Women's Culture and Community in Indiana, 1875-1950* (Indianapolis: National Council of Negro Women, 1981), 12.

The first black patient admitted to Central State Hospital was likely Mary Gaskin, the only black patient enumerated at the Hospital in the 1860 census. The hospital did not enumerate patients by race until the 1889-1890 fiscal year. There were no black patients enumerated at Central State Hospital in the 1850 census, two years after the hospital opened. The annual report for the 1853-1854 fiscal year reported one patient admitted that year belonging to the African Methodist church. Since the admission records series of the Central State Hospital Collection at the Indiana Archives and Records Administration is now closed, I could not verify whether this patient was Mary Gaskin or another person.

While African Americans struggled to establish new lives for themselves as emancipated citizens throughout the United States, scientific racism gained rapid traction in the medical and scientific professions and eventually made its way into state policy and popular imagination. The fields of anthropology and biology lent scientific legitimacy to white supremacy when Protestant Christian religious justifications for slavery, and later segregation, no longer sufficed. According to white anthropologists, biologists, and sociologists, the inferiority of African Americans, indeed all people of color, was innate. African Americans existed in a state of evolutionary arrested development; their brains and physiognomy had ceased to develop hundreds of years ago, resulting in their present physical and mental condition.[4]

No amount of intervention from medical professionals, private charities, and state and federal governments could improve African Americans' prospects because they had ceased to evolve. In fact, African Americans appeared to be devolving without the civilizing influence of slavery, to the point where some scientists posited that the African race would become extinct. Former slaveholders and white supremacists pointed to

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Despite resistance from hospital governance towards admitting and treating black patients, according to my own analyses of decennial census reports, from 1850 to 1910, the number of black patients admitted to Central State Hospital was largely proportionate to the admitting population size. If the proportion differed, it did so by approximately ±1%.

4. Melissa N. Stein, *Measuring Manhood: Race and the Science of Masculinity, 1830-1934* (Minneapolis: University of Minnesota Press, 2015), 8, 12; H.M. Folkes, "The Negro as a Health Problem," *Journal of the American Medical Association* 55, no. 15 (October 8, 1910): 1246–47, https://doi.org/10.1001/jama.1910.04330150006002; Edward Jarvis, *Insanity Among the Colored Population of the Free States* (Philadelphia: T.K. and P.G. Collins, 1844), http://wellcomelibrary.org/item/b21133025; Robert Bennett Bean, "Some Racial Peculiarities of the Negro Brain," *American Journal of Anatomy* 5, no. 4 (1906): 353-432, http://doi.org/10.1002/aja.1000050402.

The sources in this footnote cover the subsequent paragraph.

reports of increased rates of mental illness in free and emancipated African Americans from decennial censuses and asylum superintendents as evidence of the necessity of institutionalized racial hierarchy. African Americans were psychologically unfit for the rigors of freedom. Innate inferiority was a simple and convenient explanation for the systemic poverty and rampant discrimination experienced by people of color.

Psychiatrists, like their contemporaries in physical medicine, viewed their African American patients through the lens of racial difference. If African Americans were fundamentally different from white people in every aspect, then this difference would necessarily extend to psychology. Black people, owing to their underdeveloped brains and childlike personalities, allegedly suffered from lower rates of depression than white people did. Conversely, their alleged lack of impulse control and inability to defer gratification led to increased rates of alcoholism, drug abuse, and poverty.[5] Societal and scientific beliefs about a female patient's gender, discussed below, further impacted how psychiatrists perceived such patients. Just as there were immutable physical and psychological differences between races, there were immutable differences between genders.

Given that this was the scientific climate from the 1880s through the 1910s, what was life like for African American patients at a majority-white institution that never

5. E.M. Green, "Psychoses Among Negroes: A Comparative Study," *Journal of Nervous and Mental Disease* 41, no. 11 (November 1914): 698-708, https://journals.lww.com/jonmd/Citation/1914/11000/PSYCHOSES_AMONG_NEGROES_A_COMPARATIVE_STUDY.3.aspx; James Woods Babcock, "The Colored Insane," *Proceedings of the National Conference of Charities and Correction* (1895): 164-168, https://books.google.com/books?id=WE40AAAAMAAJ&dq=j.w.+babcock+%22the+colored+insane%22&source=gbs_navlinks_s.

wanted to receive them? [6] What impact did institutionalized racism have on their diagnoses and treatment? How did institutionalized sexism and gender stereotyping affect female patients' diagnoses and treatment?[7] This thesis will attempt to answer those questions by highlighting the story of one patient, a black woman named Elizabeth Furniss, through an analysis of medical and administrative staffs' statements in the hospital's annual reports and statistical studies of patient data.

The limitations of sources for African American female patients at Central State Hospital presented challenges to definitively analyzing the ways in which scientific racism and institutionalized sexism impacted black women's experiences at the hospital throughout the Gilded Age and Progressive Era. Three months into my research, my primary source of patient information, the hospital's admissions records, were closed to the public. Due to Indiana's current HIPAA laws, I was unable to access any patient's charts, medical records, or autopsy records if one was performed. If any black patients, regardless of gender, left behind written narratives of their experience, they were not preserved or have yet to be made accessible. In Elizabeth Furniss's case, I had family stories, a handful of vague newspaper accounts, and two photographs.

Unlike their southern contemporaries, Central State Hospital's medical and administrative staff did not pen lengthy essays delineating the inferiority of their African

6. I chose this time period, 1877 – 1909, for this study because it covered both Elizabeth Furniss's institutionalizations and the range of admission dates of the African American patients in the statistical studies.
7. I use "female" and "women" interchangeably, and refer to people with uteruses as "women," even though not all people with uteruses identify as female, and not all women have uteruses. I do this to avoid complicated turns of phrase, and because nineteenth- and early twentieth-century physicians and psychiatrists conflated having a uterus (biological sex) with being female (gender).

American charges in their annual reports. Nonetheless, it is possible to suggest the contours of the impact of scientific racism and institutionalized sexism even in a place that did not exhibit the articulated racism of the segregated South. Medical discourse in hospital publications and patterns in patient data revealed evidence of subtle racial and gender prejudice from Central State Hospital's medical and administrative staff that, while not vocalized in the way of their southern counterparts, was nevertheless present and had a real and lasting impact on black patients' treatment.

Elizabeth Furniss's story illustrates the myriad ways in which race and gender, not to mention class, affected a patient's stay at Central State Hospital, from diagnosis to treatment outcome. Unconscious bias is a significant factor in medical professionals' decision making to this day. This thesis not only illustrates the impact of scientific racism and institutionalized sexism on the African American female patient experience at Central State Hospital in Indianapolis, but also suggests methods to determine how racism functioned in American psychiatric institutions outside the South. Historians rely on a convergence of evidence; rarely is there the proverbial "smoking gun," and that is especially true in studies where access to records is limited. Newspaper accounts, genealogical records, and quantitative analyses of patient records reveal patterns of prejudice that might not otherwise be found in traditional qualitative analyses of individuals' records and institutional publications. It is the role of the historian to makes sense of the fragments of patients' lives in order to tell a larger story.

To understand the impact of race and gender on the patient experience more broadly, and because I had such limited access to individual patients' records, I conducted a series of statistical studies of patient data from admissions records. I

obtained these records from the Indiana Archives and Records Administration's digital archives which, until October 2019, contained transcriptions of admissions records from the 1850s through the 1920s (this collection has since been removed from the digital archives and these records are now closed to the public). The transcriptions contained the patient's name, number, admission date, diagnosis, the county they were admitted from, brief notes about their condition and the circumstances they were admitted, and whether or not they were buried on hospital grounds. The notes contained information about the circumstances of the patient's institutionalization: who admitted them, their medical history, and when they were released. Users can search the digital archives by collection, keyword, date, and a person's name. A keyword search for "colored" returned a net result of 176 patients admitted between 1877 and 1904.[8]

I used a web scraper to collect patient names, admission and discharge dates, diagnoses, stated cause of insanity, circumstances surrounding their discharge (death, released to family or law enforcement), and whether or not their condition had improved. If a patient was admitted multiple times, I initially relied on the most complete admissions record. If a patient had more than one complete admissions record, I chose the earlier of the two dates.[9] Removing duplicate admissions reduced my sample size to 172 black patients. I supplemented sparse admissions records with information from newspaper articles and insanity inquest records.

8. Two of these patients were not African American, but rather white patients whose behavioral symptoms included a fear of or animosity towards African Americans.
9. Subsequent closure of the records prevented returning to the collection to include all admissions records for patients with multiple admissions. The missing records were for ten African American male patients, which may slightly affect the results presented in Figures 3 and 4.

To create a second data pool of white patients for comparison, I searched for "mania," "melancholia," "paranoia," and "heredity," chose 172 names from within the results and compiled the same information: names, admission and discharge dates, diagnoses, stated cause of insanity, circumstances surrounding discharge, and changes to the patients' conditions. A name or keyword must be entered into the digital archives' search engine, so I could not return all available transcriptions in the database by searching for an English "stop word" or punctuation mark. I chose the four terms above to return the most results possible, and because these were among the most common terms in black patients' admissions records.

I removed black patients who had been mistakenly caught in the dragnet and added more white patients from within the results to reach an equal sample size of 172. I did not need to locate supplemental information from other sources because white patients' admissions records were, in most instances, complete. This was not a random sample from a social science methodology standpoint; I did not use a random number generator to select patients. Rather, I chose patients from different pages near the beginning and end of the results list to prevent records from coming from the same ledger. I worked with a heavily gender-skewed sample. My African American patient sample contained 138 men and 30 women; my white patient sample contained 114 men and 54 women.

Analyzing patient records reveals the divisions between "medical ideas and medical activities"— between the best practices recommended by professional literature

and what actually occurred in the course of a patient's treatment.[10] Since the 1980s, historians have used patient records to conduct statistical and demographic analyses of hospital populations and identify changes in clinical practice. Because access to historical medical records varies by state, and because of the sheer volume of records produced by institutions such as Central State Hospital throughout their existence, statistical and demographical analyses of patient information have become commonplace in asylum historiography.

What is uncommon within asylum historiography, however, is an examination of African American patients' experiences within the United States as a whole, but especially outside of the South. Despite the abundance of historical studies of asylums, few works have examined African American patients' experiences, and fewer have examined the intersection of race and gender. Asylum historiography studying patient experiences has tended to focus on either gender or race, which often translates to studies of white women's or African American men's experiences – neither of which fully captures the effects of race and gender on African American female patients' experiences.

Further, the majority of historical literature on the topic of African American patients in state mental health institutions has concentrated on southern institutions (as this was where the largest populations of black patients as well as fully segregated institutions were found) in the antebellum period or Reconstruction. Wendy Gonaver, Todd L. Savitt, and Peter McCandless, among others, have well established how

10. John Harley Warner, "The Use of Patient Records by Historians: Patterns, Possibilities and Perplexities," *Health and History* 1, no. 2-3 (1999): 103, https://www.jstor.org/stable/40111336.

antebellum conceptions of race, human difference, and mental illness paved the way for the future maltreatment of African American asylum patients in southern asylums during and after Reconstruction. However, historians have largely stopped short of the Progressive Era when those conceptions had crystallized into institutional and public policy. Historians have yet to extensively analyze the experiences of black patients in northern institutions, even in northern cities with large black populations, such as Chicago and Detroit, regardless of the time period.[11]

There were few African American patients at Central State Hospital throughout its 144-year history, but the details of their admissions and inquest records (as well, at times, a lack of detail) reveal evidence of racialized and gendered treatment. Central State Hospital and other northern institutions did not exhibit the de jure segregation of their southern counterparts, but flagrant displays of prejudice should not be the standard by which historians, and others, judge the presence and impact of scientific racism and institutionalized sexism on marginalized populations. When southern institutions serve as the model for scientific racism in American psychiatry, other important evidence becomes overlooked, and the full story is not told.

Mary Elizabeth Jackson Furniss was one African American female patient whose institutionalization exemplifies the convergence of racism and sexism in patient treatment

11. See Wendy Gonaver, *The Peculiar Institution and the Making of Modern Psychiatry, 1840-1880* (Chapel Hill: University of North Carolina Press, 2018); Todd L. Savitt, *Race and Medicine in Nineteenth- and Early Twentieth-Century America* (Kent, OH: Kent State University Press, 2007); Peter McCandless, *Moonlight, Magnolias, and Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (Chapel Hill: University of North Carolina Press, 1996); Gretchen Long, *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation* (Chapel Hill: University of North Carolina Press, 2013).

at Central State Hospital (Figures 1 and 5). Known as Elizabeth or "Lizzie" to her friends and family, she was born in Fall River, Massachusetts, on September 23, 1848, to John Jackson and Caroline Frances Ross. When Elizabeth was young, Caroline divorced John Jackson and married Peter Williams, a New York seaman. Elizabeth's younger sister and only sibling, Sarah, was born in 1853. [12]

12. "New York Marriages, 1686-1980," entry for William Henry Furniss—Lizzie Jackson Williams, 23 April 1867, citing Family History Library microfilm 1,544,026, https://www.familysearch.org/ark:/61903/1:1:F63Y-J84?from=lynx1UIV7; New York State Census, New York, population schedule, Kings County, Brooklyn, Ward 11, Enumeration District 1, unpaginated, family 201, Peter Williams family, digital image, https://www.familysearch.org/ark:/61903/3:1:33S7-9B5S-XWB?i=54&cc=1937366; *Dartmouth College and Associated Schools General Catalogue, 1769-1940* (Hanover, NH: Dartmouth College, 1940), 191, https://www.dartmouth.edu/~library/digital/publishing/books/dartmouth1940/; Diane Furniss Happy and Richard Happy, "Chapter 1: We Begin with a More Complete Back-Story," in *Under the Radar: The Little Known Story of Dr. Henry Watson Furniss, an African American Pioneer* (Lexington, KY: CreateSpace Independent Publishing, 2018), n.p.; "Furniss as Interne," *Indianapolis News*, June 1, 1894, https://newspaperarchive.com/indianapolis-news-jun-01-1894-p-2/.

The information in this footnote covers the next paragraph.

I refer to Elizabeth Furniss by her first name to distinguish her from the other members of the Furniss family mentioned in this article.

I was unable to determine when William was appointed Assistant Secretary of State, but it was most likely between 1869 and 1870; he served under James Lynch who was elected in 1869.

Picture 1: Portrait of Elizabeth Jackson Williams as a Young Woman.
Image courtesy of Diane Furniss Happy.

Elizabeth married William Furniss, a Dartmouth-educated mathematics teacher, in the spring of 1867. Their first son, Henry, was born a year later. The Furniss family relocated from New York to the South during Reconstruction, when William became Assistant Secretary of State for Mississippi. The couple's second son, Sumner, was born in January 1874. The Furniss family left Mississippi around 1875 as the political and social climate worsened with the conclusion of Reconstruction, moving to Lee City, Missouri, where William taught mathematics at the Lincoln Institute, a historically black university.

Elizabeth, William, and Sumner relocated to Indianapolis around 1880. Henry, Elizabeth's parents, and sister Sarah joined them soon after. William continued his teaching career at Indianapolis Public School Number Twenty-Four, serving on the

school board, and running for school commissioner. Elizabeth taught at schools No. Twenty-Four and Nineteen.[13] Elizabeth's teaching career in Indianapolis appears to have been short-lived. Elizabeth had suffered from mental illness for "several years."[14] She experienced delusions, had become suspicious of her family and friends, and was

13. William H. Furniss to Frederick Douglass, December 23, 1873, Frederick Douglass Papers, Library of Congress, Manuscript Division, Washington, D.C., https://www.loc.gov/item/mfd.04006/; *Commemorative Biographical Record of Prominent and Representative Men of Indianapolis and Vicinity, Containing Biographical Sketches of Business and Professional Men and Many of the Early Settled Families* (Chicago: J.H. Beers & Co., 1908), 809, https://archive.org/details/commemorativebio00chic/page/808; *Manual of the Public Schools of the City of Indianapolis…1885-6* (Indianapolis: William B. Burford, 1885), 173, http://www.digitalindy.org/cdm/compoundobject/collection/ips/id/367483/rec/17; "For School Commissioner," *Indianapolis Recorder*, September 23, 1899, https://newspaperarchive.com/indianapolis-news-sep-23-1899-p-3/; *R.L. Polk & Co.'s Indianapolis Directory for 1884* (Indianapolis: R.L. Polk, 1884), 252, https://archive.org/details/polksindianapo00unse/page/252/mode/2up; "The School Board," *Indianapolis Daily Sentinel*, April 18, 1885, https://newspapers.library.in.gov/?a=d&d=IS18850418.1.5&e=-------en-20--1--txt-txIN--------.

These were black schools, as black teachers were not assigned to white schools. School Number Nineteen was located on Shelby Street in southeast Indianapolis. School Number Twenty-Four was located at the corner of Minerva and North Streets in northwest Indianapolis. See Emma Lou Thornbrough, *The Indianapolis Story: School Segregation and Desegregation in a Northern City* (Indianapolis: Indiana Historical Society, 1993), 525, http://images.indianahistory.org/cdm/compoundobject/collection/p16797coll72/id/711/rec/8; *Manual of the Public Schools of the City of Indianapolis…1883-4* (Indianapolis: William B. Burford, 1883), 146, 148, http://www.digitalindy.org/cdm/compoundobject/collection/ips/id/359369/rec/13; *Indianapolis Sanborn Map #21*, map (New York: Sanborn Map and Publishing Company, 1887), http://ulib.iupuidigital.org/cdm/singleitem/collection/SanbornJP2/id/338/rec/1; *Indianapolis Sanborn Map #51*, map (New York: Sanborn Map and Publishing Company, 1887), http://ulib.iupuidigital.org/cdm/singleitem/collection/SanbornJP2/id/370/rec/3.

14. "Indiana Hospital for the Insane Department for Women," entry for Elizabeth Furness [sic] (7407), June 22, 1889, Central State Hospital Admission Books, 1858-1924, Indiana Archives and Records Administration, Indianapolis, IN, http://secure.in.gov:80/apps/iara/search/Home/Detail? rId=491338.

suicidal, wandering from home at night with the intent of drowning herself. Her physician diagnosed her with "periodical insanity" stemming from "menstrual trouble," the cause likely hereditary (as determined by her physician) because a cousin of Elizabeth's also suffered from mental illness. Her symptoms had worsened in the weeks leading up to her first admission Central State Hospital, one of Indiana's two public asylums at the time, in June 1889. William brought her to the hospital, but removed her on furlough a little under a year later in March 1890, her condition having "improved."[15]

Elizabeth returned to Central State Hospital for the second, and last, time in May 1893. Her paranoia had worsened, and she believed that her neighbors were trying to harm her. She had trouble sleeping, was irritable, and was "abusive to her family" according to her physician. Elizabeth remained at the hospital until her death in November 1909. She was buried in Crown Hill Cemetery in Indianapolis and would be joined by her husband (1920) and youngest son, Sumner, (1953).[16]

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15. "Indiana Hospital for the Insane Department for Women," entry for Elizabeth Furness (7407), June 22, 1889.

16. "Central Indiana Hospital for the Insane Department for Women," entry for Elizabeth Furniss (9128), May 15, 1893, Central State Hospital Admission Books, 1858-1924, Indiana Archives and Records Administration, Indianapolis, IN; "Mrs. W.H. Furniss Dies," *Indianapolis News*, November 6, 1909, https://newspaperarchive.com/indianapolis-news-nov-06-1909-p-2/; "Obituary," *Indianapolis Recorder*, November 13, 1909, https://newspapers-library-in-gov.ezproxy.ilibrary.org/?a=d&d=INR19091113-01.1.2&e=-------en-20--1--txt-txIN-%22W.H.+Furniss%22------; Indiana State Board of Health Permit for Burial for Elizabeth Furniss (no. 2989), November 6, 1909, day book 12, 66, Crown Hill Cemetery, Indianapolis, IN.

Indiana's other public asylum, the Northern Hospital for the Insane in Logansport, opened in July 1888. The Northern Hospital for the Insane accepted patients from throughout the state until 1890, when admission was limited to 21 counties in northern Indiana.

Elizabeth Furniss's case stood out among the dozens of admissions and inquest records of African American women I read as I researched. Compared to other African American women during the late nineteenth and early twentieth centuries, both in Indianapolis and throughout the United States, Elizabeth led a comfortable and privileged life. She was educated, had a profession, and lived in the North when most African American women lived in the rural South and received little, if any, education.[17]

At the same time, Elizabeth was black, and the hospital's medical staff would not have overlooked her race and its attendant meanings. The fact that "colored" was written after her name in the admission books, when white patients had no racial identifier, shows that the admitting physician noted her race and considered it important enough to document. In many of the African American patients' admissions records in my sample, "colored" was the only comment recorded by the admitting physician, while white patients from my sample admitted to the hospital during the same period had more detailed records.

To understand Elizabeth's diagnosis and how it fit into the larger context of female patients' experiences at Central State Hospital during the Progressive Era, I analyzed the stated causes of insanity for 5,420 female patients enumerated in hospital annual reports over a twenty-year period, 1885-1905.[18] I divided the stated causes of

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17. Happy and Happy, "Chapter 1"; United States Bureau of the Census, *Negroes in the United States* (Washington, D.C.: Government Printing Office, 1915): 26-27, https://www.census.gov/prod/www/decennial.html.

According to family lore, Elizabeth attended Dartmouth College, but did not graduate. I contacted Dartmouth College's archives, but the archives did not have a record of her attendance. Dartmouth College did not admit women at the time.

18. I chose this twenty-year period to coincide with the time that Elizabeth was institutionalized. This period also covers the time during which most of the patients in my statistical studies were hospitalized.

insanity into four categories: reproductive, situational, medical, and “unknown,” which was its own category in the annual reports. I calculated percentages from only the patients with a stated cause of insanity. From 1885 to 1905, 10% of women admitted to the hospital with a stated cause of insanity had a reproductive condition named as the underlying cause, compared with situational (53%) and medical (39%) (Figure 2). 34% of women admitted to Central State Hospital during this time had no ascertained cause of insanity.

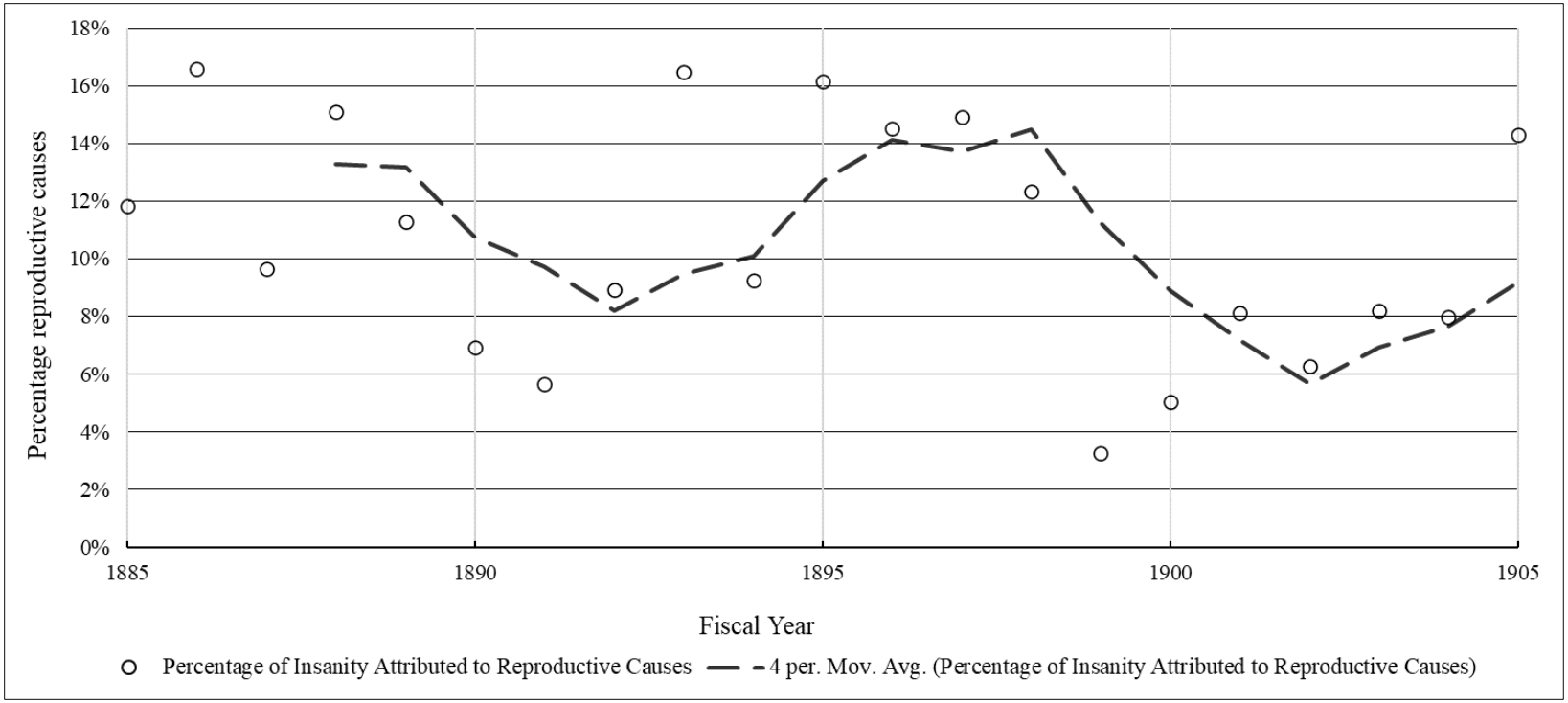

Figure 1: Female Patients' Stated Cause of Insanity, 1885 – 1905.

Although nineteenth-century physicians often separated menstruation from reproduction, and menstrual conditions from other reproductive health conditions, I classified causes such as "menstrual trouble," menopause, and dysmenorrhea as reproductive because they are conditions of the reproductive organs. In this study, reproductive conditions consisted of abortion, amenorrhea, childbirth, "climacteric," dysmenorrhea, "female disease," hysteria, lactation, menopause, menstrual trouble, pregnancy, puerperal condition, puerperal, puerperium, and suppression of the menses. Hospital staff used "climacteric" and menopause interchangeably, but occasionally enumerated them as separate categories.[19] Situational or psychological causes, such as grief, anxiety, substance abuse, or "domestic trouble," were far more common, comprising 53% of stated causes of insanity.

Nineteenth-century obstetricians, gynecologists, and neurologists often attributed women's mental illness to, in the words of historian Peter McCandless, "the periodic crises of the female reproductive system: menstruation, pregnancy, childbirth, and menopause." Women's constitutions were so delicate that the slightest physical upset, especially to their reproductive organs, could cause them to spiral into mental illness.[20]

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19. Vern Bullough and Martha Voght, "Women, Menstruation, and Nineteenth-Century Medicine," *Bulletin of the History of Medicine* 47, no. 1 (January-February 1973): 67-68, https://www.jstor.org/stable/44447512.

Nineteenth-century Western physicians often treated menstruation as separate from ovulation and reproduction because they did not yet understand the relationship between menstruation and ovulation. As late as the 1890s, American physicians were still debating the role of the ovaries in menstruation, and whether the uterus was an independent organ that regulated menstrual functions without external aid. Western physicians did not fully understand the cause and process of menstruation until the twentieth century after major developments in hormone experimentation and research into hormonal processes.

20. Peter McCandless, "A Female Malady? Women at the South Carolina Lunatic Asylum, 1828-1915," *Journal of the History of Medicine and Allied Sciences* 54, no. 4

Asylum psychiatrists, including those at Central State Hospital, who worked with people with mental illnesses and disabilities on a daily basis, tended not to subscribe to this view, but neither did they reject the possibility that there was a relationship between reproductive health conditions in women and mental illness.[21]

Procedures and official statements from Central State Hospital throughout the 1870s and 1880s exemplify the debate over reproductive health and mental illness. By the time of Elizabeth's arrival in 1889, this debate had become part of Central State Hospital's policy and institutional culture. The hospital's printed admission form for female patients during the 1870s included questions about the patient's menstrual cycle and reproductive health. Sustained commentary on reproductive conditions in female patients first appeared in the statement of Superintendent Joseph G. Rogers (serving from 1879 to 1882) in the annual report for the 1879-1880 fiscal year. His comments would set the tone for future statements from hospital administration and medical staff and foreshadow their devotion to proving the link between reproductive biology and mental health.[22]

(October 1999): 545, https://www.jstor.org/stable/24623405; Bullough and Vogt, "Women, Menstruation, and Nineteenth-Century Medicine," 72.

21. Nancy Tomes, "Historical Perspectives on Women and Mental Illness," in *Women, Health, and Medicine in America: A Historical Handbook*, ed. Rima D. Apple (New York: Garland Publishing, 1990), 160; Laura Briggs, "The Race of Hysteria: 'Overcivilization' and the 'Savage' Woman in Late Nineteenth-Century Obstetrics and Gynecology," *American Quarterly* 52, no. 2 (June 2000): 255, https://www.jstor.org/stable/30041838; Nancy Theriot, "Diagnosing Unnatural Motherhood: Nineteenth-Century Physicians and 'Puerperal Insanity,'" *American Studies* 30 (Fall 1989): 75-76, EBSCOHost; Gerald N. Grob, "The Quest for Psychiatric Authority," in *Mental Illness and American Society*, 1875-1940 (Princeton, NJ: Princeton University Press, 1983), 122-123.

22. Lucy Jane King, *From Under the Cloud at Seven Steeples, 1878-1885: The Particularly Saddened Life of Anna Agnew at the Indiana Hospital for the Insane* (Zionsville, IN: Guild Press, 2002), 18, OverDrive Read.

Rogers stated in his report that reflex cases of insanity (mental illness arising as a reaction to a physical illness or complaint) were low, and the role played by "eccentric" conditions was so low as to be insignificant. Uterine disease in female patients appeared to have some influence in the etiology of mental illness, but in the hospital staff's experience, it was rarely the primary cause. When such rare cases did occur, rest in the hospital's therapeutic environment was almost always sufficient to alleviate symptoms, but if that proved ineffective, the hospital was prepared to conduct special medical examinations and provide extra treatment.[23]

Rogers' successor, Superintendent William B. Fletcher (1883-1886), continued Rogers' argument in the report for the 1882-1883 fiscal year. Fletcher noted that "a large number, perhaps the majority" of applications for women patients had the cause of their mental illness attributed to "diseases peculiar to their sex" by their physician or court-appointed medical examiner. Fletcher added that, although it was difficult to determine if the statement was true, it would be advisable to add a female physician to the staff to put the female patients' relatives at ease: "it would be a comfort to every parent, brother and sister, to know that their afflicted loved ones who were insane from the fact of being a woman were to fall into the hands of a cultured and refined female physician, when shut behind Hospital bars." Fletcher seemed more concerned for the sensibilities of the

23. "Thirty-Second Annual Report of the Trustees of the Indiana Hospital for the Insane for the Fiscal Year Ending October 31, 1880," in *Annual Reports of 1880 Submitted to the General Assembly of the State of Indiana* (Indianapolis: Carlon & Hollenbeck, 1880), 2: 21, https://archive.org/details/documentaryjourn18802indi/page/n3/mode/2up.

patients' families and the convenience of the hospital's male physicians than for the patients themselves. [24]

One month after the 1882-1883 annual report was released, Central State Hospital hired its first female physician, Dr. Sarah Stockton. Stockton's remarks in her statement for the 1884-1885 annual report echoed Fletcher's and Rogers' statements: a correlation between reproductive health conditions and mental illness in women was too tenuous to establish, but there *was* a correlation, and of great enough importance to necessitate sustained attention and commentary.

During the 1884-1885 fiscal year, Stockton performed pelvic examinations on seventy female patients. These were the patients whose cases Stockton felt merited a pelvic exam; more patients were referred to her for alleged reproductive conditions than she treated. Stockton stated that while menstrual irregularities were common among women with mental illness, she did not believe that every instance of mental illness in women could be attributed to menstrual irregularities. From her own observations of the ninety-four patients Stockton treated that year, she found that the most common "derangements" were "the various displacements and inflammations of the uterine and ovarian tissues," not menstrual irregularities.[25]

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24. "Thirty-Fifth Annual Report of the Trustees and Superintendent of the Indiana Hospital for the Insane, for the Fiscal Year Ending October 31, 1883" in *Annual Reports of the Officers of State, of the State of Indiana…for the Year Ending October 31, 1883* (Indianapolis: William B. Burford, 1884), 12, https://archive.org/details/documentaryjourn1883indi/mode/2up.
25. "Thirty-Seventh Annual Report of the Trustees and Superintendent of the Indiana Hospital for the Insane for the Fiscal Year Ending October 31, 1885" in *Annual Reports of the Officers of State of the State of Indiana…for the Year Ending October 31, 1885* (Indianapolis: William B. Burford, 1886), 16-17, https://archive.org/details/documentaryjourn1885indi/page/n375.

The question of the relationship between reproductive biology and mental illness appeared a fourth time in Superintendent Thomas Galbraith's (1887-1888) statement in the report for the 1887-1888 fiscal year. Galbraith wrote that the number of women admitted to the hospital with a reproductive condition as the stated cause of mental illness was so great as to "lead to the supposition that derangements of the sexual system in the female plays an important part in the production of the various forms of insanity." However, Galbraith followed this statement by noting that among young, unmarried female patients, their family histories were insufficient (in terms of accuracy and quality) to conclude whether the majority of young women patients' mental illnesses were indeed caused by menstrual irregularities. Heredity, from an analysis of patient records and through the observations of hospital staff, appeared to be the most likely factor.[26]

Among patients who had given birth, however, the greatest factor contributing to the development of mental illness was different. One of the hospital's physicians discovered that about one third of female patients with uterine disease who had given birth had also suffered a cervical laceration. Women's reproductive and nervous systems were so intertwined, Galbraith argued, that any significant injury to the uterus, "that central organ," would "pervert and destroy" the physiological relationship between the rest of the organs and lead to poor health and malnutrition. Subinvolution (the failure of the uterus to return to its original size after childbirth), sterility, enlarged ovaries, anemia, "displacements of various kinds…and perverted nervous sensation" could all potentially

26. Thomas S. Galbraith, "Gynecology," in *Fortieth Annual Report of the Trustees and Superintendent of the Indiana Hospital for the Insane for the Fiscal Year Ending October 31, 1888* (Indianapolis: William B. Burford, 1889), 10-11, https://hdl.handle.net/2027/nyp.33433004139758?urlappend=%3Bseq=11.

result from cervical lacerations. During that year, eleven patients had undergone an operation to repair cervical lacerations, and some of their mental health conditions appeared to have improved, but Galbraith added that the number of procedures performed was too low to draw any definitive conclusions.[27]

What was remarkable about these statements was their simultaneous minimization and enhancement of the role of reproductive biology in the etiology of mental illness in women. Each physician stated that the causal link between reproductive health conditions and mental illness in women was unsubstantiated, but not small enough to exclude it entirely. Based on Fletcher's, Stockton's, and Galbraith's observations, other factors, such as family history and environment, were far more important in the etiology of mental illness in women patients, but the hospital continued to direct a portion of its limited resources to investigating possible reproductive causes; Stockton's position at the hospital had been created for precisely that purpose.

Stockton said at the end of her statement that she could not overestimate the importance of reproductive healthcare for women with mental illness—when their illnesses were actually caused by a reproductive health condition: "There are many cases of insanity in which uterine and ovarian diseases take no part, and again cases in which no other cause can be ascertained."[28] One could reasonably exclude any set of organs in the etiology of mental illness as in physical illness, yet the female reproductive system was scrutinized in hospital literature in a way that the male reproductive system was not. When hospital physicians expounded on the deleterious physical and psychological

27. Galbraith, "Gynecology," 11.
28. "Thirty-Seventh Annual Report of the Trustees and Superintendent," 19.

effects of masturbation on men and boys, they did not blame men's reproductive systems for their mental illnesses.[29]

Psychiatrists' frequent attribution of women's mental illnesses to reproductive health conditions grounded mental illness, whose highly variable nature defied simple categorization, into the body, fixed and unchanging. Doing so transformed women's mental illnesses from medical conditions which could be alleviated into a permanent state of being. In a way, women's mental illnesses were a psychological reflection of their discordant bodies. A paradox in terms, the fixed and unchanging nature of the female body was chaos. Sex, like race, was a biological determinant that could not be overcome through changes in environment. White, middle- and upper-class women's fragile nature and the volatile state of their reproductive systems became evidence against allowing them greater social and economic mobility, civil rights, and access to education. The future of the white race rested with middle- and upper-class white women's reproduction. Left unregulated, they had the potential to dismantle white supremacy from within by corrupting the gene pool or abandoning reproduction for careers and intellectual pursuits.[30]

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29. "Annual Report of the Commissioners, Treasurer, and Medical Superintendent of the Indiana Hospital for the Insane, to the General Assembly of the State of Indiana," in *Documents of the General Assembly of the State of Indiana at the Thirty-Fifth Session* (Indianapolis: J.P. Chapman, 1851), 137-144, https://babel.hathitrust.org/cgi/pt?id=mdp.39015067979818&view=1up&seq=7; "Annual Report of the Commissioners, Superintendent and Treasurer of the Indiana Hospital for Insane, For the Year Ending October 31, 1858," in *Documents of the General Assembly of Indiana at the Fortieth Session* (Indianapolis: Joseph J. Bingham, 1859), 94-95, https://archive.org/details/documentaryjourn1859indi/page/77/mode/2up.

30. Cynthia Eagle Russett, *Sexual Science: The Victorian Construction of Womanhood* (Cambridge: Harvard University Press, 1989), 116-118, ProQuest Ebook Central; Tomes, "Historical Perspectives," 157; Louise Michele Newman, ed., *Men's Ideas/Women's*

Assumptions about class and race are essential to understanding the debate over the link between reproductive biology and mental illness. When Progressive Era psychiatrists, obstetricians, and gynecologists speculated on the effects of reproductive health conditions on the mental health of their female patients, they meant their white middle- and upper-class female patients. White medical men's interest in the black female body prior during the antebellum period was limited to the body and its potential for (re)productive labor and sexual gratification. Gynecology as a profession had initially developed from white medical men's fascination with and unrestricted access to black women's bodies, but the post-bellum medical discourse on black women's bodies had an entirely different tone.[31]

White post-bellum medical discourse had shifted from maximizing black women's reproduction to inhibiting that reproduction. Freed from bondage, African Americans had ceased to be an endless source of white labor and profit and had become a public nuisance, threatening to overburden the public benefits system and encroaching on white communities.[32] When Gilded Age and Progressive Era white medical men discussed black women's reproduction and reproductive systems, their focus was on how

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Realities: "Popular Science," 1870-1915 (New York: Pergamon Press, 1985), 54-61; 105-118, https://hdl.handle.net/2027/mdp.39015008994454.

31. Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (Athens: University of Georgia Press, 2017), Project MUSE; Savitt, *Race and Medicine*, 54, 61-62; Sharla M. Fett, "Danger and Distrust," in *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002), 151-152, ProQuest Ebook Central; Briggs, "The Race of Hysteria," 261-262; Beverly Guy-Sheftall, "The Body Politic," in *Skin Deep, Spirit Strong: The Black Female Body in American Culture*, ed. Kimberly Wallace-Sanders (Ann Arbor: University of Michigan Press, 2002), 23, 25.

32. Gregory Michael Dorr, "Defective or Disabled? Race, Medicine, and Eugenics in Progressive Era Virginia and Alabama," *Journal of the Gilded Age and Progressive Era* 5, no. 4 (October 2006): 368-369, 372-375, https://www.jstor.org/stable/25144454.

to limit reproduction, not the connection between reproduction and mental illness.[33] There was no need to debate the connection between reproductive biology and mental health in African American women because medical professionals' priority was never about anatomy or mental illness for women in general; it was about controlling middle- and upper-class white women's political, social, and reproductive futures. In their minds, middle- and upper-class white women's reproductive role, if not properly conducted, represented a threat to American white supremacy.

Professionals ranging from physicians to social workers to anthropologists bemoaned the rise of "race suicide," the gradual decline in the white, Anglo-Saxon, native-born population as European and Asian immigration increased in the late nineteenth century. People of color and non-Anglo-Saxon European immigrants reproduced indiscriminately and threatened to overrun the native white population. It was of paramount importance, therefore, that white, Anglo-Saxon, native-born middle- and upper-class women bear more children if the white race were to have any hope of survival against a rising tide of inferior genetics. Physicians' concern over intellectual stimulation leading to menstrual irregularities masked their true concern: that middle- and upper-class white women would leave their prescribed roles as wives and mothers, bear fewer children (or worse, have children with a man of color or European immigrant), and push the white race towards extinction.[34]

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33. Dorr, "Defective or Disabled?", 368-369, 372-375; Elizabeth Lunbeck, "Woman as Hypersexual," in *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton, NJ: Princeton University Press, 1994), 204-205.
34. Louise Michele Newman, ed., *Men's Ideas/Women's* Realities, 105-118; Briggs, "The Race of Hysteria," 250, 266.

Given that physicians' preoccupation with mental illness and reproductive health conditions was confined to middle- and upper-class white women, the fact that Elizabeth had a reproductive health condition as the stated cause of insanity for her first institutionalization was both unusual and unsurprising. It was unusual in that Elizabeth, an African American woman, received a diagnosis more frequently given to her white contemporaries, but perhaps unsurprising because of her class background. Out of all the African American women in my sample, Elizabeth Furniss was the only one with a reproductive condition given as the stated cause of insanity. Out of 30 white women from my patient sample, three had a reproductive condition given as the stated cause of insanity. Two of the women's mental illnesses allegedly developed after giving birth; the third resulted from the patient's self-induced abortion. My sample size is too small to draw any definitive conclusions, but even with such small numbers, white women were still more likely to have a reproductive condition given as the stated cause of insanity.[35]

Data from the statistical tables in the hospital's annual reports demonstrate that reproductive biology played such a minimal role in development of mental illness in women that it was hardly worth considering. For Rogers and others, however, the theory that reproductive biology played a role in the etiology of mental illness was plausible and valid, and they had no reason to think otherwise. If mental illnesses resulted from physical illnesses or physiological malformations, as many Progressive Era physicians and psychiatrists believed, then it would follow that women could develop mental illness

35. My patient samples contained 30 African American women and 54 white women. I chose the first 30 out of the 54 white women to create an equal sample.

through a reproductive health condition as with any other physical ailment.[36] Hospital staff would, therefore, have directed some of their efforts towards treating women's physical ailments because they believed doing so to be a reasonable course of action and beneficial for female patients.

Gynecological care would likely have benefitted female patients without access to consistent healthcare, but for the majority of the women institutionalized at Central State Hospital, such care likely would have been ineffective in addressing their mental illnesses. Pelvic exams would not have addressed the stressors motivating substance abuse, helped a victim of domestic violence leave the abusive environment, or given a grieving patient coping mechanisms for bereavement. Cases where a woman's mental illness could be pinpointed to a reproductive health condition were isolated instances, but their existence kept the idea alive in the male-dominated medical and psychiatric professions. Blaming biology, thereby blaming the individual, relieved asylum

36. Samuel B. Thielman, "Madness and Medicine: Trends in American Medical Therapeutics for Insanity, 1820-1860," *Bulletin of the History of Medicine* 61, no. 1 (Spring 1987): 27-33, https://www.jstor.org/stable/44433661. For examples of this belief among Central State Hospital's staff over time, see "Annual Reports of the Commissioners and Superintendent of the Indiana Hospital for the Insane to the General Assembly, November 1854," 673; "Seventeenth Annual Report of the Commissioners, Superintendent and Steward of Indiana Hospital for the Insane, for the Year Ending October 31, 1865" in *Documents of the General Assembly of Indiana Forty-Fourth Regular Session* (Indianapolis: Samuel M. Douglass, 1866), 117, https://archive.org/details/documentaryjourn1865indi/page/n115; "Thirty-First Annual Report of the Trustees, Indiana Hospital for the Insane for the Fiscal Year Ending October 31, 1879," in *Annual Reports of the Officers of State of the State of Indiana…for the Year Ending October 31, 1879*, 1: 28, https://archive.org/details/documentaryjourn18791indi/page/n522; "Thirty-Second Annual Report of the Trustees of the Indiana Hospital for the Insane," 16, 20.

psychiatrists of the burden of interrogating the racist and patriarchal social structures that likely had a detrimental effect on women's mental health.[37]

Gendered treatment was not limited to diagnoses or alleged causes of mental illness. Gender divisions pervaded every aspect of asylum life. Descriptions of patient living conditions during the 1860s and 1870s illustrate the consequences of the gendered division of treatment at their most miserable. In his statement in the 1869-1870 annual report, Superintendent Orpheus Everts (1869-1878) described the "basement," two small wards in the lower level of the men's ward which housed about forty violent and disruptive patients: "low, narrow, dark, damp, unventilated, difficult to warm, prison-like and forbidding, they are unfit for the habitation of human beings."[38]

Originally designed to house male patients at risk of suicide by hanging, patients slept on straw bedding, ate off the floor, and frequently required restraint with protective gloves and straps. When the North Wing opened in 1869, twenty of these patients, all men, were removed from the basement ward and rehoused in the new building, with beds to sleep on and a dining table and chairs. Even with the additional space, the hospital was still so overcrowded that the female patients had to remain in their basement ward until the South Wing could be renovated or beds in the female ward became available. The new Department for Women did not house any patients until 1880 and was finally

37. Gonaver, *The Peculiar Institution*, 112-144.
38. *Twenty-Second Annual Report of the Commissioners, Superintendent and Steward of the Indiana Hospital for the Insane, for the Year Ending October 31, 1870* (Indianapolis: Alexander H. Conner, 1870), 10, Central State Hospital Annual Reports, 1845-1994, Indiana Archives and Records Administration, Indianapolis, IN.

completed in 1884. The basement wards were dungeons unfit for human habitation but were apparently suitable for female patients.[39]

Central State Hospital's enforcement of gender stereotypes was most apparent in its behavioral therapy treatment plans for female patients. Female patients were encouraged to participate in feminine leisure activities such as reading or handicrafts and low-impact exercise like walking the hospital grounds. The hospital introduced a new educational program for its patients in the spring of 1885. Due to budget constraints, the program was initially limited to female patients. Two hundred women enrolled in the first class. The program operated out of a multi-purpose "work and play" room, with craft items, reading material, games, toys, and writing supplies for the female patients to use during their recreation periods. Participants in the program knitted, crocheted, sewed, embroidered, made paper flowers and lace, and played music—suitable pastimes for middle- and upper-class Progressive Era women, but also frequently the means of economic support for working-class and poor women. However the tasks were conceived, these were skills that most female patients would have already had regardless of their class background.

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39. *Twenty-Second Annual Report*, 11; "Eighteenth Annual Report of the Commissioners, Superintendent and Steward of the Indiana Hospital for the Insane, for the Fiscal Year Ending October 31, 1866," in *Documents of the General Assembly of Indiana at the Forty-Fifth Regular Session* (Indianapolis: Samuel M. Douglass, 1867), 1: 17, https://hdl.handle.net/2027/mdp.39015082365357; "Thirty-Second Annual Report of the Trustees of the Indiana Hospital for the Insane," 6; "Thirty-Sixth Annual Report of the Trustees and Superintendent of the Indiana Hospital for the Insane for the Fiscal Year Ending October 31, 1884," in *Annual Reports of the Officers of State of the State of Indiana…for the Year Ending October 31, 1884* (Indianapolis: William B. Burford, 1885), 2: 20, https://archive.org/details/documentaryjourn18842indi/page/n10.

Ostensibly, the school was created as part of the treatment plan for female patients, a kind of occupational therapy, but a passage in the 1884-1885 annual report reveals another motivation. Mrs. S.J. Lewis, the school's teacher, concluded her statement with an itemized list of the articles that the female patients had made, nearly 1,800 in all, during the seven months since the program began. Most of these articles were sold to supplement the hospital's budget. Patient labor, both male and female, was essential to Central State Hospital's operations; despite assertions from several of its superintendents that patient labor was not profitable for the state, and was not used for that purpose, patient labor reduced expenses and brought in additional income.[40]

While the program offered lessons in basic reading and writing, with plans to include geography, mathematics, calisthenics, and an expanded music program in the future, most of the patients in the program worked producing handicrafts. Only one third of students in the program expressed an interest in educational courses, and the educational instruction was frequently deferred for unspecified reasons. Students chose their own courses and were often reported as expressing appreciation for the program, the "one bright spot in their lives," for giving them something to do during their

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40. "Annual Report of the Commissioners and Medical Superintendent of the Hospital for the Insane, to the General Assembly, of the State of Indiana" in *Documents of the General Assembly of Indiana…Commencing December 30, 1850* (Indianapolis: J.P. Chapman, 1851), 1: 260, https://archive.org/details/documentaryjourn1850indi/page/n5/mode/2up; "Annual Report of the Commissioners, Superintendent and Treasurer of the Indiana Hospital for the Insane, for the Year Ending October 31, 1861," in *Reports of the Officers of State of the State of Indiana…for the Years 1860 and 1861* (Indianapolis: Berry R. Sulgrove, 1862), 115-116, https://archive.org/details/documentaryjourn18601861indi/mode/2up; "Twenty-Fifth Annual Report of the Indiana Hospital for the Insane, for the Year Ending October 31st, 1873," in *Annual Reports of the Officers of State of the State of Indiana…for the Year Ending December 31, 1873* (Indianapolis: Sentinel Company, 1874), 10, https://archive.org/details/documentaryjourn1873indi/page/n5/mode/2up.

institutionalization.[41] While female patients may have derived some enjoyment or sense of fulfillment from this program, if one considers the financial incentives and the distinctly gendered behavioral therapy methods of the time, one questions how restorative this program actually was and how reliable the claims about its students.

When a similar program for male patients opened a year later, its curriculum included more educational instruction and more intensive exercise. Superintendent Fletcher's statement for the 1885-1886 annual report included a telling comment about the new program for men: "the results [of the school] thus far show that still greater advantages may be looked for by instruction among the male than the female patients."[42] Male patients were offered a full range of educational courses while female patients were limited to basic literacy courses offered on an irregular basis. Education was an important component in women's mental health care, but it was more important, and more effective, for men. (After all, if women remained faithful to their biologically determined roles as caregivers, they would have no need for anything beyond a basic education.) The disparity in educational opportunities for patients is the most apparent example of gendered treatment at Central State Hospital and exemplifies how gender prejudice influenced patients' treatment.

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41. "Thirty-Fifth Annual Report of the Trustees and Superintendent of the Indiana Hospital for the Insane," 13; "Thirty-Seventh Annual Report of the Trustees and Superintendent of the Indiana Hospital for the Insane," 19-23; "Thirty-Eighth Annual Report of the Trustees and Superintendent of the Indiana Hospital for the Insane, for the Fiscal Year Ending October 31, 1886," in *Annual Reports of the Officers of State of the State of Indiana…for the Year Ending October 31, 1886* (Indianapolis: William B. Burford, 1887), 2: 10, https://archive.org/details/documentaryjourn18862indi/page/n6.
42. "Thirty-Eighth Annual Report of the Trustees and Superintendent of the Indiana Hospital for the Insane," 10-12.

Central State Hospital's enforcement of Progressive Era gender roles among its patients extended to patient labor as well. Female patients' labor, like their recreation, was distinctly gendered and indistinguishable from behavioral treatment: sewing garments and linens for other patients, knitting, crocheting, and canning and preserving produce grown in the asylum garden. Financial statements from the hospital's annual reports show that Elizabeth engaged in this kind of handiwork during her second institutionalization. She earned money (or it was put towards her care) from the sale of clothing that she made during her second institutionalization.[43] Male patients' labor was distinctly gendered as well: farming, landscaping, renovation and construction of hospital buildings, and carpentry. Male patients' labor, too, was a financial boon for the hospital.

43. *Forty-Seventh Annual Report of the Board of Control and Superintendent of the Central Indiana Hospital for the Insane for the Fiscal Year Ending October 31, 1895* (Indianapolis: William B. Burford, 1896), 44, https://hdl.handle.net/2027/nyp.33433004139758; *Forty-Eighth Annual Report of the Board of Control and Superintendent of the Central Indiana Hospital for Insane for the Fiscal Year Ending October 31, 1896* (Indianapolis: William B. Burford, 1897), 50, https://hdl.handle.net/2027/nyp.33433004139758; *Fifty-First Annual Report of the Board of Trustees and Superintendent of the Central Indiana Hospital for the Insane for the Fiscal Year Ending October 31, 1899* (Indianapolis: William B. Burford, 1900), 45, https://hdl.handle.net/2027/nyp.33433004139766; *Fifty-Second Annual Report of the Board of Trustees and Superintendent of the Central Indiana Hospital for the Insane for the Fiscal Year Ending October 31, 1900* (Indianapolis: William B. Burford, 1901), 63-64, https://hdl.handle.net/2027/nyp.33433004139766; *Fifty-Fifth Annual Report of the Board of Trustees and Superintendent of the Central Indiana Hospital for the Insane for the Fiscal Year Ending October 31, 1903* (Indianapolis: William B. Burford, 1904), 53, https://hdl.handle.net/2027/nyp.33433004139766; *Fifty-Ninth Annual Report of the Board of Trustees and Superintendent of the Central Indiana Hospital for the Insane at Indianapolis, Ind. For the Fiscal Year Ending September 30, 1907* (Indianapolis: William B. Burford, 1908), 79, https://hdl.handle.net/2027/nyp.33433004139766; *Sixty-Second Annual Report of the Board of Trustees and Superintendent of the Central Indiana Hospital for Insane at Indianapolis, Indiana for the Fiscal Year Ending September 30, 1910* (Indianapolis: William B. Burford, 1911), 50, https://hdl.handle.net/2027/nyp.33433004139410.

Patient labor reduced the cost of construction, building maintenance, and food, and sales of produce from the hospital's farm and garden brought in much-needed cash.[44]

As Elizabeth's case and hospital publications demonstrate, Progressive-Era conceptions of gender and roles were present in all aspects of the patient experience at Central State Hospital, from diagnosis to labor to leisure. During her first institutionalization, Elizabeth appeared to have been treated like the white female patients at Central State Hospital during the Gilded Age and early Progressive Era, at least in terms of stated cause of insanity and treatment. Her class privilege afforded her a diagnosis and stated cause of insanity more frequently given to middle- and upper-class white women patients than black women patients of all class backgrounds.

Throughout her second (and final) institutionalization, however, racialized treatment was more evident. Elizabeth's diagnosis, length of stay, and treatment outcome better resembled that of the other black patients from my statistical studies than the white patients in my sample. Elizabeth was diagnosed with mania upon her second admission, spent the last sixteen years of her life institutionalized, and died at the hospital in 1909. According to my studies of patient data from admissions records, the average length of stay for black patients was three years compared to 2.7 years for white patients. Black patients were 17% more likely to be diagnosed with mania than white patients, reflecting

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44. "Thirtieth Annual Report of the Commissioners of the Indiana Hospital for the Insane for the Year Ending October 31, 1878," in *Annual Reports of 1878 Submitted to the General Assembly of the State of Indiana* (Indianapolis: Indianapolis Journal Company, 1879), 2: 30, https://archive.org/details/documentaryjourn1878indi/page/n5/mode/2up; "Thirty-Second Annual Report of the Trustees of the Indiana Hospital for the Insane," 8-9; "Thirty-Fifth Annual Report of the Trustees and Superintendent of the Indiana Hospital for the Insane," 13; "Thirty-Seventh Annual Report of the Trustees and Superintendent of the Indiana Hospital for the Insane," 9.

the racist assumption held by many white psychiatrists and doctors that black people were less likely to suffer from depression or depressive symptoms because of their lower intellect and carefree nature (Figure 3). Black patients were 36% more likely to die at the institution than white patients were (Figure 4).[45]

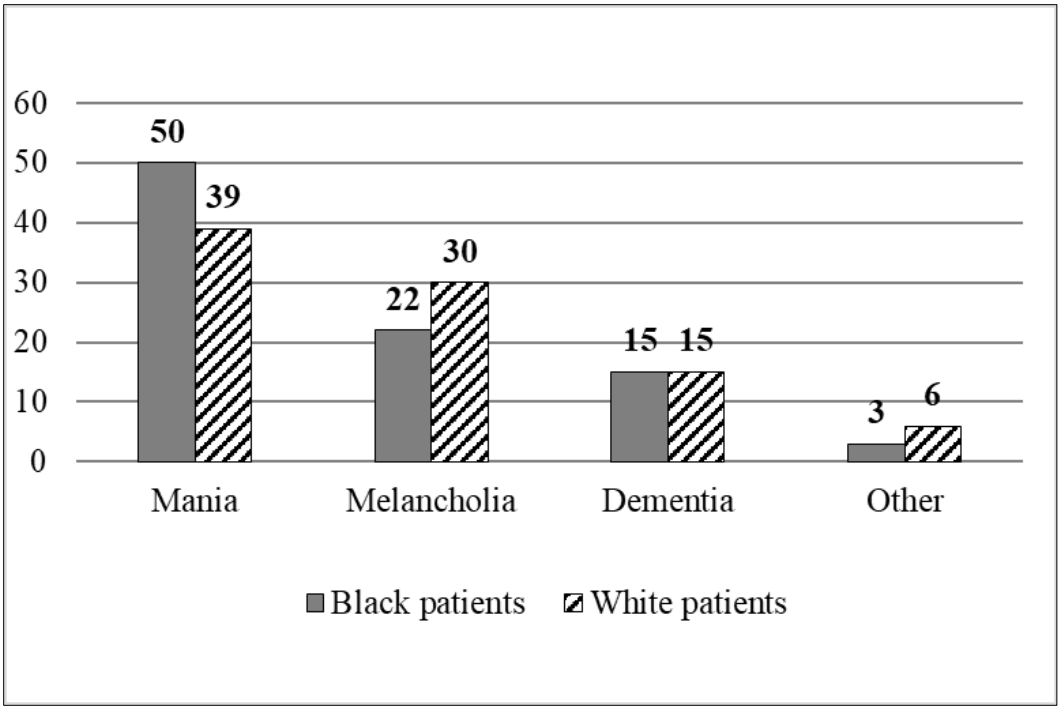

Figure 2: Patient Diagnoses by Race, 1885-1905. Sample size consisted of 180 patients: 90 white patients and 90 African American patients.[46]

The increased death rate may not necessarily have been a result of treatment or living conditions at Central State Hospital. African Americans, overall, were poorer than white Americans and had less access to healthcare, both because of its prohibitive cost and a lack of physicians and facilities that would accept them. Symptoms of physical

45. The completeness of individual black patients' admissions records varied greatly. Some were detailed while others contained only the patient's name and admission date. 91 of the 167 black patients' admissions records contained a diagnosis. 110 black patients had both an admission and a discharge date. 104 black patients had information included about the circumstances of their discharge – death, removed by friends, removed by law enforcement, or transferred to another institution.
46. "Other" includes diagnoses of insanity, alcoholism, paresis, and manic depression.

illnesses may have manifested as psychological disturbances. Many patients of both races arrived at Central State Hospital in poor physical health, and the hospital's overcrowded and unsanitary living conditions, combined with a meager diet, would not have improved their condition.[47]

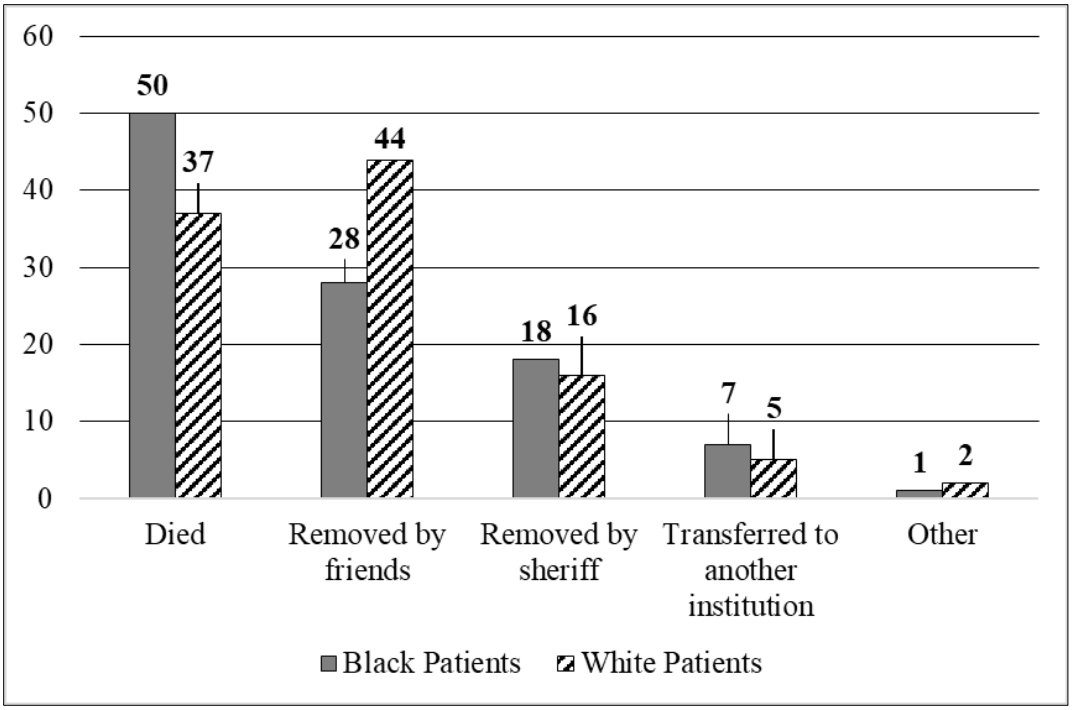

Figure 3: Treatment Outcomes by Race, 1886-1910. Sample size consisted of 214 patients: 104 white patients and 104 African American patients.[48]

While Central State Hospital cannot be solely blamed for the deaths of its black patients, it was nevertheless an actor in the system of medical racism in Indianapolis. Central State Hospital became a part of that system when the Indiana legislature initially denied admission to black patients even as it acknowledged their suffering, because white patients' preferences mattered more to the white administration. When the hospital did

47. "Thirty-Second Annual Report of the Trustees of the Indiana Hospital for the Insane," 15-17.
48. "Other" includes patients for whom no discharge details were given or patients to left Central State Hospital by themselves upon discharge.

begin to regularly admit black patients, it upheld white supremacy by the affirming racist conceptions of African Americans and mental illness held by Indiana's medical and psychiatric professionals and the public. Racialized treatment of patients was clearly evident.

Responses to a patient's (assigned) gender also determined their experience at Central State Hospital. The staff's fascination with the functions and health of their female patients' reproductive systems, while not out of the ordinary for its time, revealed how race and gender roles influenced psychiatrists' conceptions of the etiology of mental illness in women. Elizabeth's first institutionalization was more representative of the experiences of middle- and upper-class white women at Central State Hospital than black women. By the time of her second institutionalization, any privileges her educational and class background may have granted her were gone, and her experience aligned with that of the other black women in my sample. Elizabeth's social class and education clashed with assessments of the importance of her race, and as a result, her case shows evidence of the varying treatment of "white women" and "African American women" at Central State Hospital. In the end, for the white leaders at Central State, Elizabeth's race overshadowed her educational and class background. She was granted access to the Gilded Age and Progressive Era's definition of "womanhood" only in her first diagnosis and stay.

Women of color, immigrant women, and poor and working-class women were not considered in the debate over the influence of reproductive health on women's mental health. White acceptance of slavery had necessitated black women's exclusion from the concept of womanhood. After emancipation, scientific racism helped ensure their

continued exclusion. Whether or not Central State Hospital's psychiatrists intended to do so, their persistent focus on women's reproductive anatomy and distinctly gendered treatment programs enforced racial and gender stereotypes and left many of their female patients' psychiatric needs unmet.

Clinician bias, implicit and explicit, shaped a black patient's diagnosis and treatment, as well as the quality of treatment they received at Central State Hospital during the Gilded Age and Progressive Era. Central State Hospital – its staff, administration, policies, and procedures – did not exhibit the glaring racism of its southern contemporaries, but subtle prejudice is prejudice nonetheless. Studying the treatment of African American patients at a northern institution reveals the pervasiveness of racial stereotypes in psychiatry in American asylums across the country. African Americans made up a slight proportion of the hospital's total patient population during the Gilded Age and Progressive Era, but were still subject to the same biases, neglect, and maltreatment as African American patients in institutions with larger black populations. When historians limit their focus to overt prejudice, whether racism or sexism, they overlook the deleterious effects of its less conspicuous forms.

Elizabeth Furniss's story underscores the importance of intersectionality in asylum historiography. Her story cannot be explained by an analysis of either race or gender alone. Her middle-class background accorded her a diagnosis and (at least initially) a stated cause of insanity typically reserved for her white contemporaries, but other aspects of her treatment were distinctly racialized, showing the power of clinician bias on the lives of individual patients. Historians' limiting their analyses to either race or

gender mask how the two frequently intersect and produce an entirely different patient experience for female patients of color.

Conclusion

Central State Hospital closed its doors in June 1994. The hospital had been plagued by accusations of patient neglect, abuse, and wrongful death for most of its history, and the scandal, crumbling infrastructure, and subsistence budget finally proved too much to bear.[49] Institutionalized racism and sexism in psychiatry, however, did not end with Elizabeth Furniss's death, the Progressive Era, or Central State Hospital's closing. Bias against African American patients pervades medicine and psychiatry to this day, with the same deleterious effects as in the nineteenth and early twentieth centuries. African American patients today are less likely to be diagnosed with depression or other mood disorders than white patients are. African American patients are more likely to be diagnosed with schizophrenia than white patients are. Both diagnostic disparities occur even when controlling for symptom severity and patient functioning level. African American patients are less likely to be prescribed psychiatric medications, and the medications they do receive are often incorrect for their condition, ineffective, or outdated.[50]

Gender-based discrimination against black women persists into the twenty-first century as well. Black women today experience higher rates of poverty than white

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49. *Closing Central State Hospital: Why the Decision Was Made* (Indianapolis: Indiana Division of Mental Health, 1993), 1-3; *Central State Hospital: A Report to Governor Evan Bayh* (Indianapolis: Indiana Family and Social Services Administration, 1992); *Central Scene*, June 1994.

50. John F. Dovidio and Ava T. Casados, "The Science of Clinician Biases and (Mis)Behavior," in *Eliminating Race-Based Mental Health Disparities: Promoting Equity and Culturally Responsive Care Across Settings*, eds. Monnica T. Williams, Daniel C. Rosen, and Jonathan W. Kanter (Oakland, CA: Context Press, 2019), 44-47, EBSCOHost; Arnold Barnes, "Race and Hospital Diagnoses of Schizophrenia and Mood Disorders," *Social Work*, 53, no. 1 (January 2008): 77-78, 80-81, https://www.jstor.org/stable/23721191.

women do and are more vulnerable to adverse childhood experiences and homelessness because of racism. Discrimination, poverty, and adverse childhood experiences were (and are) powerful social determinants of mental health, and the impact of racism and sexism on black women's living conditions and lived experiences leaves them vulnerable to mental illness. Ineffective treatments and a lack of cultural awareness or understanding, sometimes extending to mistreatment on the part of clinicians all contribute to current disparities in mental health care for African Americans. In this respect, little has changed between the turn-of-the-twentieth century and the early twenty-first century.[51]

While I researched this project, I found a bounty of information on Elizabeth's husband and two sons, but little about her. Persons institutionalized in places like Central State Hospital are often marginalized within their own narratives, their voices filtered through the institution and its often more powerful and privileged administration. Elizabeth's marginalization is twofold. She seems to have been overshadowed by the men in her life, their accomplishments memorialized, while hers were reduced to a passing sentence in an infrequent newspaper article.

I was fortunate to have a face to put to her name. In the portrait below, she stands dignified, ready to begin her life as a married woman. She was "very cheerful where there is music."[52] She was a person with hopes, goals, quirks, and a family who loved and cared for her. The pieces of her life, like the pieces of so many other African

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51. Annelle B. Primm, Donna M. Norris, and Ruth S. Shim, "Black Women and Mental Health: Psychosocial Realities and Clinical Considerations," in *Black Mental Health: Patients, Providers, and Systems*, eds. Ezra E.H. Griffith, Billy E. Jones, and Altha S. Stewart (Washington, DC: American Psychiatric Association, 2019), 99-104, EBSCOHost.
52. "Indiana Hospital for the Insane Department for Women," entry for Elizabeth Furness (7407), June 22, 1889.

Americans institutionalized at Central State Hospital, left behind in institutional ledgers and vital records hint at a larger story of the complexities of a human life intertwined with the practices of an institution steeped in prejudice. Elizabeth's case exemplifies the importance of intersectionality when analyzing African American patients' experiences at psychiatric institutions, although, of course, her case alone is insufficient to completely explain the impact of scientific racism on African American patients in northern institutions during the Progressive Era. Taken together with broader studies of patient records, historians can identify institutionalized racism and sexism in northern psychiatric institutions and how its whispers echo into medical treatment today.

Picture 2: Portrait of Elizabeth Jackson Furniss.
Taken by E. [Eliza] M. Douglass, Brooklyn, New York.
Image courtesy of Diane Furniss Happy.

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Indiana University Health Archives, Indianapolis, IN
August 2019 – July 2020
Archives Intern

- Arranged and described 5 archival collections totaling approximately 100 linear feet to achieve physical and intellectual control in a new archive
- Implemented the practice of creating processing plans for collections to reduce overall processing time and utilize resources effectively
- Conducted 13 oral history interviews with Indiana University Health's senior management for a rapid-response oral history project

Indianapolis Museum of Art at Newfields, Indianapolis, IN
August 2018 – July 2019
Library and Archives Intern

- Arranged and described 7 archival collections totaling approximately 75 linear feet for immediate patron use and long-term storage
- Provided reference and research services to museum staff and patrons in person, via email, and by telephone, responding to up to 6 requests per month
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- Conducted historical and genealogical research for information on an African American farming community in rural Wisconsin
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